■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: □ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. □ Atticle Number (Transfer from service) □ Addressee ■ Received by (Pfinied Name) □ D. Is delivery address different from item 1? □ Yes □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. □ A. Restricted Delivery? (Extra Fee) □ Yes	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY FILED	07/15/2004	
Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Addressee B. Received by (Pfinted Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1?)	
2. Article Number	Cinemate 1 Dhio	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	_	
	21111 25 (1) 111188			

• Sender: Please print your name, address, and ZIP+4 in this box

S. DISTRICT COURT

324 U. S. Courthouse

3h & Walnut Streets

3ncinnati, Ohio 45202